Case 22-10629-mdc Doc 13 Filed 03/29/22 Entered 03/29/22 11:24:56 Desc Main

	Doci	ument	Page 1 of 3	00/25/22 11	1.24.30 Desc Main				
Fi	ll in this information to identify your case:			Check one box of	nly as directed in this form and in				
De	btor 1 Aisha Azad First Name Middle Name	Last Name							
De	btor 2			•	presumption of abuse.				
	ouse, if filing) First Name Middle Name	Last Name			ion to determine if a presumption of es will be made under Chapter 7				
Un	ited States Bankruptcy Court for the: Eastern District of Pennsyl	vania			Calculation (Official Form 122A-2).				
	se number <u>22-10629-mdc</u> known)				Test does not apply now because of tary service but it could apply later.				
				Check if this i	is an amended filing				
Of	ficial Form 122A–1								
CI	napter 7 Statement of Your	Curre	ent Monthly	y Income	9 04/20				
add do r Abu	as complete and accurate as possible. If two married pece is needed, attach a separate sheet to this form. Incluitional pages, write your name and case number (if known that the primarily consumer debts or because of qualifies Under § 707(b)(2) (Official Form 122A-1Supp) with the Cart 1: Calculate Your Current Monthly Income	de the line wn). If you l ying militar iis form.	number to which the believe that you are	e additional inform exempted from a	nation applies. On the top of any presumption of abuse because you				
1	. What is your marital and filing status? Check one only			-	10.00				
The control of the co	Not married. Fill out Column A, lines 2-11.								
900	Married and your spouse is filing with you. Fill out	both Colum	nns A and B, lines 2-1	1.					
CONTRACTOR	Married and your spouse is NOT filing with you. Y	ou and you	ur spouse are:						
	Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.								
enterweenschieben wie enterweder erfaus	Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).								
er torreson and enter other etc. (the statement on the statement of the statement on the statement of the st	Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.								
				Column A Debtor 1	Column B Debtor 2 or non-filing spouse				
2	Your gross wages, salary, tips, bonuses, overtime, and (before all payroll deductions).	nd commis	sions	\$	\$				
3	 Alimony and maintenance payments. Do not include p Column B is filled in. 	ayments fro	om a spouse if	\$	\$				
4	All amounts from any source which are regularly paid of you or your dependents, including child support. In from an unmarried partner, members of your household, and roommates. Include regular contributions from a spo- filled in. Do not include payments you listed on line 3.	nclude regu your depend	lar contributions dents, parents,	\$	\$				
5	Net income from operating a business, profession, or farm	Debtor 1	Debtor 2						
	Gross receipts (before all deductions)	\$	\$						
SECTION OF SECTION	Ordinary and necessary operating expenses	- \$	\$						
vicination street	Net monthly income from a business, profession, or farm	\$	\$ 1,950.(Copy	\$	\$ <u>1,950.00</u>				
6	Net income from rental and other real property Gross receipts (before all deductions)	Debtor 1 \$	Debtor 2 \$						
	Ordinary and necessary operating expenses	- \$	- \$						

Net monthly income from rental or other real property

7. Interest, dividends, and royalties

Copy here

btor 1	Aisha Azad First Name Middle Name Last Name	c	ase number (if known) 2	2-10629-mdc		
			Column A Debtor 1	Column B Debtor 2 or non-filing spouse		
8. Unen	ployment compensation		\$	\$		
	ot enter the amount if you contend that the amount of the Social Security Act. Instead, list it here:		<u> </u>	V		
Fo	r you	\$				
Fo	r your spouse	\$				
bene not ir Unite disab pay p does	Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.		\$	\$		
10. Income from all other sources not listed above. Specify the source and ar not include any benefits received under the Social Security Act; payments may the Federal law relating to the national emergency declared by the President National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coron disease 2019 (COVID-19); payments received as a victim of a war crime, a cagainst humanity, or international or domestic terrorism; or compensation, pe pay, annuity, or allowance paid by the United States Government in connection disability, combat-related injury or disability, or death of a member of the unife services. If necessary, list other sources on a separate page and put the total SNAP		rity Act; payments made under ared by the President under the respect to the coronavirus m of a war crime, a crime or compensation, pension, vernment in connection with a a member of the uniformed	\$ <u>728.0</u> 0	\$		
			\$	\$		
Tota	il amounts from separate pages, if any.		+ \$	± a		
	ulate your total current monthly income. Add line on. Then add the total for Column A to the total for Column A Determine Whether the Means Test App	Column B.	\$ 728.00	+ \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
12. Calcu	late your current monthly income for the year.	Follow these steps:				
	Copy your total current monthly income from line 1	•				
120.		• • • • • • • • • • • • • • • • • • • •				
	Multiply by 12 (the number of months in a year).		x 12			
12b.	The result is your annual income for this part of the		12b. \$ <u>32,136.00</u>			
13. Calcu	ulate the median family income that applies to yo	ou. Follow these steps:				
Fill in	the state in which you live.	PA				
Fill in	the number of people in your household.	5				
To fin	the median family income for your state and size o d a list of applicable median income amounts, go o ctions for this form. This list may also be available	nline using the link specified in				
14. How	do the lines compare?					
14a. 🖣	Line 12b is less than or equal to line 13. On the Go to Part 3. Do NOT fill out or file Official Form		ere is no presumptio	on of abuse.		
14b. 🕻	Line 12b is more than line 13. On the top of pag Go to Part 3 and fill out Form 122A–2.	e 1, check box 2, <i>The presump</i>	tion of abuse is dete	ermined by Form 122A-2.		

Debtor 1	Aisha Azad First Name Middle Name Last Name	Case number (if known) 22-10629-mdc
Part 3:	Sign Below	
00 ((()) 7 Variety 000000000000000000000000000000000000	By signing here, I declare under penalty of perjury that the information of	n this statement and in any attachments is true and correct.
***	✗ /s/Aisha Azad	×
	Signature of Debtor 1	Signature of Debtor 2
professional control and professional control	Date 03/29/2022 MM / DD / YYYY	Date
	If you checked line 14a, do NOT fill out or file Form 122A-2.	
	If you checked line 14b, fill out Form 122A-2 and file it with this form	